

Declaration and Power of Attorney Forms

BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE:
YOU MUST
COMPLETE THE
FOLLOWING

P.O. Box 747 • Falls Church, Virginia 22040-0747
Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:

HETEROPOLYCYCLIC COMPOUNDS AND THEIR USE AS METABOTROPIC GLUTAMATE RECEPTOR ANTAGONISTS

the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following:

Fill in Appropriate
Information –

The specification was filed on 11/03/2003 as United States Application Number 10/699,563 ;
and amended on _____ (if applicable) and/or

For Use Without
Specification
Attached:

the specification was filed on _____ as PCT International Application Number _____ ;
and was amended on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Insert Priority
Information
(if appropriate)

			Priority Claimed	
(Number)	(Country)	(Month/Day/Year Filed)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Month/Day/Year Filed)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Month/Day/Year Filed)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Month/Day/Year Filed)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.

Insert Provisional
Application(s):
(if any)

<u>60/149,464</u>	<u>8/19/1999</u>
(Application Number)	(Filing Date)
<u>60/269,847</u>	<u>2/21/2001</u>
(Application Number)	(Filing Date)

All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:

Insert Requested
Information
(if appropriate)

Country	Application Number	Date of Filing (Month/Day/Year)
_____	_____	_____
_____	_____	_____

I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

Insert Prior U.S.
Application(s):
(if any)

<u>PCT/US00/22618</u>	<u>8/18/2000</u>	
(Application Number)	(Filing Date)	(Status – patented, pending, abandoned)
_____	_____	_____
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I hereby appoint the practitioners at **CUSTOMER NO. 54080** as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

CUSTOMER NO. 54080; (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

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Full Name of First
or Sole Inventor
Insert Name of
Inventor →
Insert Date This
Document is Signed

Insert Residence

Insert Post Office
Address →

Full Name of Second
Inventor, if any:
see above

Full Name of Third
Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above

Full Name of Fifth
Inventor, if any:
see above

Full Name of Sixth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME Bradford Van Wagenen	INVENTOR'S SIGNATURE <i>Bradford C. Van Wagenen</i>	DATE* 12-9-2005
Residence (City, State & Country) Salt Lake City, Utah USA		CITIZENSHIP US
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals, Inc., 383 Colorow Drive, Salt Lake City, UT, USA 84108		
GIVEN NAME/FAMILY NAME Thomas M. STORMANN	INVENTOR'S SIGNATURE <i>Thomas M. Stormann</i>	DATE* 12-19-2005
Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENSHIP US
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals, Inc., 383 Colorow Drive, Salt Lake City, UT, USA 84108		
GIVEN NAME/FAMILY NAME Scott T MOE	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENSHIP US
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals, Inc., 383 Colorow Drive, Salt Lake City, UT, USA 84108		
GIVEN NAME/FAMILY NAME Susan M SHEEHAN	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENSHIP US
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals, Inc., 383 Colorow Drive, Salt Lake City, UT, USA 84108		
GIVEN NAME/FAMILY NAME Donald McLeod	INVENTOR'S SIGNATURE <i>Donald McLeod</i>	DATE* 12-19-2005
Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENSHIP US
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals, Inc., 383 Colorow Drive, Salt Lake City, UT, USA 84108		
GIVEN NAME/FAMILY NAME Daryl L SMITH	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENSHIP US
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals, Inc., 383 Colorow Drive, Salt Lake City, UT, USA 84108		

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or Sole Inventor.
Insert Name of
Inventor
Insert Date This
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Full Name of Second
Inventor, if any;
see above

Full Name of Third
Inventor, if any;
see above

Full Name of Fourth
Inventor, if any;
see above

Full Name of Fifth
Inventor, if any;
see above

Full Name of Sixth
Inventor, if any;
see above

GIVEN NAME/FAMILY NAME Bradford Van Wagenen	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Salt Lake City, Utah USA		CITIZENSHIP US
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MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals, Inc., 383 Colorow Drive, Salt Lake City, UT, USA 84108		
GIVEN NAME/FAMILY NAME Susan M SHEEHAN	INVENTOR'S SIGNATURE 	DATE* Dec 9, 2005
Residence (City, State & Country) Salt Lake City, Utah, USA Dexter, Michigan, USA		CITIZENSHIP US
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals, Inc., 383 Colorow Drive, Salt Lake City, UT, USA 84108		
GIVEN NAME/FAMILY NAME Donald McLeod	INVENTOR'S SIGNATURE	DATE*
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Inventor, if any:
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Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above

Full Name of Fifth
Inventor, if any:
see above

Full Name of Sixth
Inventor, if any:
see above

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MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals, Inc., 383 Colorow Drive, Salt Lake City, UT, USA 84108		
GIVEN NAME/FAMILY NAME Daryl L SMITH	INVENTOR'S SIGNATURE <i>Daryl L Smith</i>	DATE* 8 Dec 2005
Residence (City, State & Country) Salt Lake City, Utah, USA Fishers, Indiana, USA		CITIZENSHIP US
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals, Inc., 383 Colorow Drive, Salt Lake City, UT, USA 84108		

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see above

Full Name of Third
Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above

Full Name of Fifth
Inventor, if any:
see above

Full Name of Sixth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME Bradford Van Wagenen	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Salt Lake City, Utah USA		CITIZENSHIP US
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals, Inc., 383 Colorow Drive, Salt Lake City, UT, USA 84108		
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MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals, Inc., 383 Colorow Drive, Salt Lake City, UT, USA 84108		
GIVEN NAME/FAMILY NAME Scott T MOE	INVENTOR'S SIGNATURE <i>STL</i>	DATE* 12/10/05
Residence (City, State & Country) Salt Lake City, Utah, USA <i>MARLBOROUGH, MA, USA</i>		CITIZENSHIP US
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals, Inc., 383 Colorow Drive, Salt Lake City, UT, USA 84108		
GIVEN NAME/FAMILY NAME Susan M SHEEHAN	INVENTOR'S SIGNATURE	DATE*
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MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals, Inc., 383 Colorow Drive, Salt Lake City, UT, USA 84108		

*DATE OF SIGNATURE

Full Name of Seventh Inventor, if any: see above	GIVEN NAME/FAMILY NAME Methvin ISAAC	INVENTOR'S SIGNATURE	DATE*
	Residence (City, State & Country) Etobicoke, Ontario, Canada		CITIZENSHIP Canada
	MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals, Inc. 101 College St., 8 th Flr., Toronto, Ontario M5G 1L8, Canada		
Full Name of Eighth Inventor, if any: see above	GIVEN NAME/FAMILY NAME Abdelmalik SLASSI	INVENTOR'S SIGNATURE	DATE*
	Residence (City, State & Country) Ontario, California		CITIZENSHIP Canada
	MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals, Inc. 101 College St., 8 th Flr., Toronto, Ontario M5G 1L8, Canada		
Full Name of Ninth Inventor, if any: see above	GIVEN NAME/FAMILY NAME Ian Egle	INVENTOR'S SIGNATURE	DATE*
	Residence (City, State & Country) Ontario, California		CITIZENSHIP Canada
	MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals, Inc. 101 College St., 8 th Flr., Toronto, Ontario M5G 1L8, Canada		
Full Name of Tenth Inventor, if any: see above	GIVEN NAME/FAMILY NAME Louise EDWARDS	INVENTOR'S SIGNATURE	DATE*
	Residence (City, State & Country) Mississauga, Ontario, Canada		CITIZENSHIP Canada
	MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals, Inc. 101 College St., 8 th Flr., Toronto, Ontario M5G 1L8, Canada		
Full Name of Eleventh Inventor, if any: see above	GIVEN NAME/FAMILY NAME Tomislav STEFANAC	INVENTOR'S SIGNATURE	DATE*
	Residence (City, State & Country) Burlington, Ontario, Canada		CITIZENSHIP Canada
	MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals, Inc. 101 College St., 8 th Flr., Toronto, Ontario M5G 1L8, Canada		
Full Name of Twelfth Inventor, if any: see above	GIVEN NAME/FAMILY NAME Tao XIN	INVENTOR'S SIGNATURE	DATE*
	Residence (City, State & Country) Woodbridge, Ontario, Canada		CITIZENSHIP Canada
	MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals, Inc. 101 College St., 8 th Flr., Toronto, Ontario M5G 1L8, Canada		
Full Name of Thirteenth Inventor, if any: see above	GIVEN NAME/FAMILY NAME JaIaj ARORA	INVENTOR'S SIGNATURE	DATE*
	Residence (City, State & Country) Cambridge, Ontario, Canada		CITIZENSHIP Canada
	MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals, Inc. 101 College St., 8 th Flr., Toronto, Ontario M5G 1L8, Canada		

*DATE OF SIGNATURE

Full Name of
Fourteenth
Inventor, if any.
see above

GIVEN NAME/FAMILY NAME William F. Michne	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Sodertalje SWEDEN		CITIZENSHIP Sweden
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o AstraZeneca AB, SE-151 85 Sodertalje SWEDEN		

Full Name of
Fifteenth
Inventor, if any.
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP
MAILING ADDRESS (Complete Street Address including City, State & Country)		

Full Name of
Sixteenth
Inventor, if any.
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP
MAILING ADDRESS (Complete Street Address including City, State & Country)		

Full Name of
Seventeenth
Inventor, if any.
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP
MAILING ADDRESS (Complete Street Address including City, State & Country)		

Full Name of
Eighteenth
Inventor, if any.
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP
MAILING ADDRESS (Complete Street Address including City, State & Country)		

Full Name of
Nineteenth
Inventor, if any.
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP
MAILING ADDRESS (Complete Street Address including City, State & Country)		

Full Name of
Twentieth
Inventor, if any.
see above

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Insert Title:

HETEROPOLYCYCLIC COMPOUNDS AND THEIR USE AS METABOTROPIC GLUTAMATE RECEPTOR ANTAGONISTS

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Insert Priority
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_____ (Number)	_____ (Country)	_____ (Month/Day/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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_____	_____	_____
_____	_____	_____

I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

Insert Prior U.S.
Application(s):
(if any)

<u>PCT/US00/22618</u> (Application Number)	<u>8/18/2000</u> (Filing Date)	<u>_____</u> (Status - patented, pending, abandoned)
<u>_____</u> (Application Number)	<u>_____</u> (Filing Date)	<u>_____</u> (Status - patented, pending, abandoned)

I hereby appoint the practitioners at **CUSTOMER NO. 54080** as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary.

Send Correspondence to:

CUSTOMER NO. 54080; (BIRCH, STEWART, KOLASCH & BIRCH, LLP)
Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE:
YOU MUST
COMPLETE
THE
FOLLOWING:



I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First
or Sole Inventor:
Insert Name of
Inventor →
Insert Date This
Document is Signed

Insert Residence

Insert Post Office
Address →

Full Name of Second
Inventor, if any:
see above

Full Name of Third
Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above

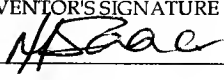
Full Name of Fifth
Inventor, if any:
see above

Full Name of Sixth
Inventor, if any:
see above


GIVEN NAME/FAMILY NAME Bradford Van Wagenen	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Salt Lake City, Utah USA		CITIZENSHIP US
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals, Inc., 383 Colorow Drive, Salt Lake City, UT, USA 84108		
GIVEN NAME/FAMILY NAME Thomas M. STORMANN	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENSHIP US
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals, Inc., 383 Colorow Drive, Salt Lake City, UT, USA 84108		
GIVEN NAME/FAMILY NAME Scott T MOE	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENSHIP US
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals, Inc., 383 Colorow Drive, Salt Lake City, UT, USA 84108		
GIVEN NAME/FAMILY NAME Susan M SHEEHAN	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENSHIP US
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals, Inc., 383 Colorow Drive, Salt Lake City, UT, USA 84108		
GIVEN NAME/FAMILY NAME Donald McLeod	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENSHIP US
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals, Inc., 383 Colorow Drive, Salt Lake City, UT, USA 84108		
GIVEN NAME/FAMILY NAME Daryl L SMITH	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENSHIP US
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals, Inc., 383 Colorow Drive, Salt Lake City, UT, USA 84108		

*DATE OF SIGNATURE


Full Name of Seventh
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME Methvin ISAAC	INVENTOR'S SIGNATURE 	DATE* 12 th Dec 05
Residence (City, State & Country) Toronto, Ontario, CANADA		CITIZENSHIP Canada
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Allelix Corp., 101 College St., South Tower, 8 th Flr., Toronto, Ontario M5G 1L8, Canada		

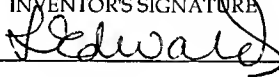
Full Name of Eighth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME Abdelmalik SLASSI	INVENTOR'S SIGNATURE 	DATE* Dec. 08/05
Residence (City, State & Country) Toronto, Ontario, CANADA		CITIZENSHIP Canada
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Allelix Corp. 101 College St., South Tower, 8 th Flr., Toronto, Ontario M5G 1L8, Canada		

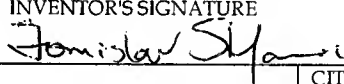
Full Name of Ninth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME Ian EGLE	INVENTOR'S SIGNATURE 	DATE* Dec. 12/05
Residence (City, State & Country) Toronto, Ontario, CANADA		CITIZENSHIP Canada
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Allelix Corp., 101 College St., 8 th Flr., Toronto, Ontario M5G 1L8, Canada		

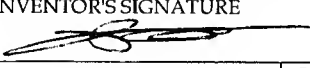
Full Name of Tenth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME Louise EDWARDS	INVENTOR'S SIGNATURE 	DATE* Dec 8/05
Residence (City, State & Country) Toronto, Ontario, CANADA		CITIZENSHIP Canada
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Allelix Corp., 101 College St., South Tower, 8 th Flr., Toronto, Ontario M5G 1L8, Canada		

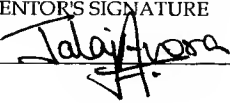
Full Name of Eleventh
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME Tomislav STEFANAC	INVENTOR'S SIGNATURE 	DATE* Dec. 8/05
Residence (City, State & Country) Toronto, Ontario, CANADA		CITIZENSHIP Canada
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Allelix Corp., 101 College St., South Tower, 8 th Flr., Toronto, Ontario M5G 1L8, Canada		

Full Name of Twelfth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME Tao XIN	INVENTOR'S SIGNATURE 	DATE* Dec. 8, 2005
Residence (City, State & Country) Toronto, Ontario, CANADA		CITIZENSHIP Canada
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Allelix Corp., 101 College St., South Tower, 8 th Flr., Toronto, Ontario M5G 1L8, Canada		

Full Name of Thirteenth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME Jalaj ARORA	INVENTOR'S SIGNATURE 	DATE* December 8, 2005
Residence (City, State & Country) Toronto, Ontario, CANADA		CITIZENSHIP Canada
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Allelix Corp., 101 College St., South Tower, 8 th Flr., Toronto, Ontario M5G 1L8, Canada		

*DATE OF SIGNATURE

Full Name of
Fourteenth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME William F. Michne	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Sodertalje SWEDEN	CITIZENSHIP Sweden	
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o AstraZeneca AB, SE-151 85 Sodertalje SWEDEN		

Full Name of
Fifteenth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)	CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)		

Full Name of
Sixteenth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)	CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)		

Full Name of
Seventeenth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)	CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)		

Full Name of
Eighteenth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)	CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)		

Full Name of
Nineteenth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)	CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)		

Full Name of
Twentieth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)	CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)		

*DATE OF SIGNATURE

BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE:
YOU MUST
COMPLETE THE
FOLLOWING

P.O. Box 747 • Falls Church, Virginia 22040-0747
Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:

HETEROPOLYCYCLIC COMPOUNDS AND THEIR USE AS METABOTROPIC GLUTAMATE RECEPTOR ANTAGONISTS

the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following:

Fill in Appropriate
Information -

The specification was filed on 11/03/2003 as United States Application Number 10/699,563 ;
and amended on _____ (if applicable) and/or

For Use Without
Specification
Attached:

the specification was filed on _____ as PCT International Application Number _____ ;
and was amended on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Insert Priority
Information
(if appropriate)

(Number)	(Country)	(Month/Day/Year Filed)	Priority Claimed	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Month/Day/Year Filed)	Yes	No
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Month/Day/Year Filed)	Yes	No
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Month/Day/Year Filed)	Yes	No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.

Insert Provisional
Application(s):
(if any)

<u>60/149,464</u>	<u>8/19/1999</u>
(Application Number)	(Filing Date)
<u>60/269,847</u>	<u>2/21/2001</u>
(Application Number)	(Filing Date)

All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:

Insert Requested
Information
(if appropriate)

Country	Application Number	Date of Filing (Month/Day/Year)
_____	_____	_____
_____	_____	_____

I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

Insert Prior U.S.
Application(s):
(if any)

<u>PCT/US00/22618</u>	<u>8/18/2000</u>	_____
(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)
_____	_____	_____
(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)

I hereby appoint the practitioners at **CUSTOMER NO. 54080** as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

CUSTOMER NO. 54080; (BIRCH, STEWART, KOLASCH & BIRCH, LLP)
Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE:
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First
or Sole Inventor:
Insert Name of
Inventor →
Insert Date This
Document is Signed

Insert Residence

Insert Post Office
Address →

Full Name of Second
Inventor, if any:
see above

Full Name of Third
Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above

Full Name of Fifth
Inventor, if any:
see above

Full Name of Sixth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME Bradford Van Wagenen	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Salt Lake City, Utah USA		CITIZENSHIP US
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals, Inc., 383 Colorow Drive, Salt Lake City, UT, USA 84108		
GIVEN NAME/FAMILY NAME Thomas M. STORMANN	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENSHIP US
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals, Inc., 383 Colorow Drive, Salt Lake City, UT, USA 84108		
GIVEN NAME/FAMILY NAME Scott T MOE	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENSHIP US
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals, Inc., 383 Colorow Drive, Salt Lake City, UT, USA 84108		
GIVEN NAME/FAMILY NAME Susan M SHEEHAN	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENSHIP US
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals, Inc., 383 Colorow Drive, Salt Lake City, UT, USA 84108		
GIVEN NAME/FAMILY NAME Donald McLeod	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENSHIP US
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals, Inc., 383 Colorow Drive, Salt Lake City, UT, USA 84108		
GIVEN NAME/FAMILY NAME Daryl L SMITH	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Salt Lake City, Utah, USA		CITIZENSHIP US
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals, Inc., 383 Colorow Drive, Salt Lake City, UT, USA 84108		

*DATE OF SIGNATURE

Full Name of Seventh
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME Methvin ISAAC	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Etobicoke, Ontario, Canada		CITIZENSHIP Canada
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals, Inc. 101 College St., 8 th Flr., Toronto, Ontario M5G 1L8, Canada		

Full Name of Eight
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME Abdelmalik SLASSI	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Ontario, California		CITIZENSHIP Canada
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals, Inc. 101 College St., 8 th Flr., Toronto, Ontario M5G 1L8, Canada		

Full Name of Ninth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME Ian Egle	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Ontario, California		CITIZENSHIP Canada
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals, Inc. 101 College St., 8 th Flr., Toronto, Ontario M5G 1L8, Canada		

Full Name of Tenth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME Louise EDWARDS	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Mississauga, Ontario, Canada		CITIZENSHIP Canada
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals, Inc. 101 College St., 8 th Flr., Toronto, Ontario M5G 1L8, Canada		

Full Name of
Eleventh
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME Tomislav STEFANAC	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Burlington, Ontario, Canada		CITIZENSHIP Canada
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals, Inc. 101 College St., 8 th Flr., Toronto, Ontario M5G 1L8, Canada		

Full Name of Twelfth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME Tao XIN	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Woodbridge, Ontario, Canada		CITIZENSHIP Canada
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals, Inc. 101 College St., 8 th Flr., Toronto, Ontario M5G 1L8, Canada		

Full Name of
Thirteenth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME Jalaj ARORA	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country) Cambridge, Ontario, Canada		CITIZENSHIP Canada
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals, Inc. 101 College St., 8 th Flr., Toronto, Ontario M5G 1L8, Canada		

*DATE OF SIGNATURE

Full Name of
Fourteenth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME William F. Michne	INVENTOR'S SIGNATURE <i>William F. Michne</i>	DATE* 12/23/05
Residence (City, State & Country) Wilmington, USA	CITIZENSHIP USA	
MAILING ADDRESS (Complete Street Address including City, State & Country) c/o AstraZeneca Wilmington, 1800 Concord Pike, P.O. Box 15437 Wilmington, Delaware 19850-5437, USA		

Full Name of
Fifteenth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)	CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)		

Full Name of
Sixteenth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)	CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)		

Full Name of
Seventeenth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)	CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)		

Full Name of
Eighteenth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)	CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)		

Full Name of
Nineteenth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)	CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)		

Full Name of
Twentieth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)	CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)		

*DATE OF SIGNATURE